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## \*BIBDATASHEET\*

Bib Data Sheet

**CONFIRMATION NO. 8162** 

			processors	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·····		
SERIAL NUMBER 10/785,141		FILING DATE 02/24/2004 RULE	CLASS 602		GROUP ART UNIT 3743		ATTORNEY DOCKET NO. 3281.2.1.1			
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** CONTINUING DATA **********************************										
** 05/18/2004										
Foreign Priority claimed yes no no Met after met				STATE OR					INDEPENDENT	
Verified and COL Acknowledged Examilier's Signature Initials					DR	1		MMS 5	CLAIMS 1	
ADDRESS 21552 MADSON & METCALF GATEWAY TOWER WEST SUITE 900 15 WEST SOUTH TEMPLE SALT LAKE CITY, UT 84101										
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TITLE										
Form-in-place foam orthopedic splint system										
							All Fees			
						1.16 Fees (Filing)				
FILING FEE	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:							essing Ext. of		
RECEIVED No for following:										